

William J. Stoffel

1735 Market St - Ste A455
Philadelphia, PA 19103
Tel. 215-670-2455
FAX 267- 200-0730 (fax)
Internet: bill_stoffel@yahoo.com

2008 JUL 25 PM 4:31

2008-07-21

Attention: Refund Department

to:

Mail stop 16,

Director USPTO , PO box 1450, Alexandria, VA 22313-1450

SN 10/622,247 Docket cs01-150

REF refund for Deposit account 502018

Subject : Wrong deposit account billed - please credit back to my deposit account

Dear USPTO,

I am writing to request a **refund** since it appears that my deposit account was incorrectly charged when the case was previously transferred to another attorney and the other attorney had identified his deposit account to charge the fee to.

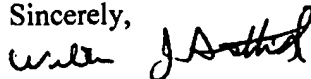
Please see the attach deposit account statement for April 2008. Please credit back all charges on this statement (\$ 260.00) to my deposit account.

Also attached are:

- o fee transmittal showing a different deposit account to charge.
- o revocation of power of attorney

Please call me at 215-586-4558 or 215-670-2455 if you have any questions.

Sincerely,



William J. Stoffel

reg. 391,390



UNITED STATES PATENT AND TRADEMARK OFFICE

United States Patent and Trademark Office
P.O. Box 1450
Alexandria, VA 22313-1450
www.uspto.gov

MONTHLY STATEMENT OF DEPOSIT ACCOUNT

To replenish your deposit account, detach and return top portion
with your check. Make checks payable to "Director of the USPTO."

WILLIAM STOFFEL
1735 MARKET ST. -SUITE A
PMB 455
PHILADELPHIA PA 19103-7502

FINA

Account No.
502018
Date
4-30-08
Page
1

PLEASE SEND REMITTANCES TO:
U.S. Patent and Trademark Office
P.O. Box 979065
St. Louis, MO 63197-9000

Call the Deposit Account Branch at 571-272-6500 for assistance.

DATE POSTED			CONTROL NO.	DESCRIPTION (Serial, Patent, TM, Order)	DOCKET NO.	FEE CODE	CHARGES/ CREDITS	BALANCE
MO.	DAY	YR.						
4	28	08	2	10622247	CS01-150	201	210.00	5258.00
4	28	08	3	10622247	CS01-150	202	50.00	5208.00
<p>Please credit fees Back to my Deposit Account.</p> <p>Thank you, B. J. Stoffel</p>								
AN AMOUNT SUFFICIENT TO COVER ALL SERVICES REQUESTED MUST ALWAYS BE ON DEPOSIT					OPENING BALANCE	TOTAL CHARGES	TOTAL CREDITS	CLOSING BALANCE
					5468.00	260.00	0.00	5208.00

RECEIVED
CENTRAL FAX CENTER

MAR 14 2008

PTO/SB/17 (10-07)
Approved for use through 08/30/2010. OMB 0851-0032
U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Effective on 12/08/2004.
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL

For FY 2008

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 120.00

Complete If Known

Application Number 10/622,247
Filing Date 07/18/2003
First Named Inventor Sheldon C. P. LIM
Examiner Name Phuong HUYNH
Art Unit 2857
Attorney Docket No. CS01-0150

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify):

☒ Deposit Account Deposit Account Number: 80-2388 Deposit Account Name: Horizon IP Pte Ltd

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below

☐ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17

☒ Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-3528.

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	310	155	310	235	210	105	
Design	210	105	100	50	130	65	
Plant	210	105	310	155	160	80	
Reissue	310	155	510	255	620	310	
Provisional	210	105	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description

Each claim over 20 (including Reissues)

Each independent claim over 3 (including Reissues)

Multiple dependent claims

Total Claims	Extra Claims	Fee (\$)	Fees Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fees Paid (\$)
MP = highest number of total claims paid for, if greater than 20.						
Indep. Claims	Extra Claims	Fee (\$)	Fees Paid (\$)			
MP = highest number of independent claims paid for, if greater than 3.						

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(e).

Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$)

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): 37 CFR 1.17(a)(1)

SUBMITTED BY

Signature [Signature] Registration No. 38,842 Telephone +65 9838 9808
Name (Print/Type) Dexter CHIN Date March 14, 2008

This collection of information is required by 37 CFR 1.138. The information is required to obtain or retain a benefit by the public which is to be (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS: SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-0199 and select option 2.

RECEIVED
CENTRAL FAX CENTER

MAR 14 2008

PTO/SB/92 (01-08)

Approved for use through 12/31/2008. OM 8 0851-0033

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**REVOCATION OF POWER OF
ATTORNEY WITH
NEW POWER OF ATTORNEY
AND
CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	10/822,247
Filing Date	07/18/2003
First Named Inventor	Sheldon C. P. LIM
Art Unit	2857
Examiner Name	Phuong HUYNH
Attorney Docket Number	CS01-150

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners associated with the Customer Number:

31368

☒ Please change the correspondence address for the above-identified application to:☒ The address associated with
Customer Number:

31368

OR

☐ Firm or
Individual Name

Address

City

State

Zip

Country

Telephone

Email

I am the:

☒ Applicant/Inventor.☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/98)

SIGNATURE of Applicant or Assignee of Record

Signature

Name

Dr Hsin-Lang Chao

Date

10 MARCH '08

Telephone

8350 4618

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ Total of _____ forms are submitted.


This collection of information is required by 37 CFR 1.38. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-6109 and select option 2.

RECEIVED
CENTRAL FAX CENTER

MAR 14 2008

PTO/SB/22 (01-08)
Approved for use through 03/31/2008. OMB 0561-0031
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2008 (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4816))		Docket Number (Optional) CS01-150	
Application Number 10/622,247		Filed 07/18/2003	
For A METHOD FOR DETECTING AND MONITORING DEFECTS			
Art Unit 2857		Examiner Phuong HUYNH	
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application. The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):			
		Fee	Small Entity Fee
<input checked="" type="checkbox"/>	One month (37 CFR 1.17(a)(1))	\$120	\$80 \$ 120
<input type="checkbox"/>	Two months (37 CFR 1.17(a)(2))	\$460	\$230 \$
<input type="checkbox"/>	Three months (37 CFR 1.17(a)(3))	\$1050	\$525 \$
<input type="checkbox"/>	Four months (37 CFR 1.17(a)(4))	\$1640	\$820 \$
<input type="checkbox"/>	Five months (37 CFR 1.17(a)(5))	\$2230	\$1115 \$
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.			
<input type="checkbox"/> A check in the amount of the fee is enclosed.			
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.			
<input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.			
<input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 50-2388. I have enclosed a duplicate copy of this sheet.			
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.			
I am the <input type="checkbox"/> applicant/inventor.			
<input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).			
<input checked="" type="checkbox"/> attorney or agent of record. Registration Number 38,842			
<input type="checkbox"/> attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34			
Signature 		March 14, 2008 Date	
Dexter CHIN Typed or printed name		+65 9836 9908 Telephone Number	
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.			
<input type="checkbox"/> Total of forms are submitted.			

This collection of information is required by 37 CFR 1.136(a). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 36 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 8 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

03/17/2008 VBUI11 00000049 502388 18622247

01 FC:1251

120.00 DA

Document code: WFEE

United States Patent and Trademark Office
Sales Receipt for Accounting Date: 04/28/2008

MHOLMES SALE #00000002 Mailroom Dt: 03/14/2008 502018 10622247
01 FC:1201 210.00 DA
02 FC:1202 50.00 DA

Adjustment date: 07/29/2008 HDESTA1
04/28/2008 MHOLMES 00000002 502018 10622247
01 FC:1201 210.00 CR
02 FC:1202 50.00 CR

07/29/2008 HDESTA1 00000019 502388 10622247

01 FC:1201 210.00 DA
02 FC:1202 50.00 DA